

JAN 22 1941 900

State File No.

Registration District No.

Primary Registration District No. 16207

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Webster  
(b) City or town Nianqua  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
X  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
(Specify whether  
In this community years, months or days) 2

8. (a) PRINT FULL NAME Cora Payne

8. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Joseph Payne 6. (c) Age of husband or wife if alive 70 years  
7. Birth date of deceased July 3 - 1871  
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 28 If less than one day X hr. X min.

9. Birthplace Washington, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Hamilton Alexander

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Mathis

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bryne Payne

(b) Address Nianqua, Mo

17. (a) Burial (b) Date thereof May 3 - 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mathis cemetery

18. (a) Signature of funeral director Tex Tamm

(b) Address Marshfield, Missouri

19. (a) SEPT-9-40 (b) HALLIE SCHLICHT  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
(c) City or town Nianqua  
(If outside city or town limits, write "RURAL")  
(d) Street No. X  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1  
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Jan 1 - 40  
Jan 1 - 1940 to May 1 - 1940  
that I last saw her alive on May 1 - 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic mitral insufficiency  
Due to Chronic arthritis

Other conditions (Include pregnancy within 3 months of death) 42 W

Major findings: Of operations

Of autopsy

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

847 While at work? (Specify type of place) (e) Means of injury

28. Signature W F Schurdt (M. D. or other)

Address Nianqua Date signed May 1 - 1940

RECEIVED

District Health Officer No. 6,

District File Number 1240-3049

Date Filed DEC 19 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by X

X, Registered Apprentice No. X  
working under my personal supervision.

Signed

*Geo. J. J. J.*

Licensed Embalmer No. 3312

P. O. Address Marshfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.